



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
ALCO-SENSOR IV/RBT IV MAINTENANCE REPORT

RECEIVED  
DHSS Breath Alcohol Program  
By Carol Day at 8:45 am, Sep 08, 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

ALCO SENSOR IV SN 087959	RBT IV SN 08C.3527.493	DATE OF INSPECTION 8.29.09
LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Ct Ofallon (BATVAN)		TIME OF INSPECTION 0508

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instruments.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL) passed

☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C) 22°C

☒ PRINTER WORKING PROPERLY passed

☒ TIME AND DATE DISPLAYING PROPERLY 08/29/09 0509

☒ CALIBRATION CHECK -

Run three tests using a standard solution. All three tests must be within  $\pm 5\%$  of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 <input checked="" type="checkbox"/> .096	TEST 2 <input checked="" type="checkbox"/> .096	TEST 3 <input checked="" type="checkbox"/> .096
---	---	---

☒ SIMULATOR TEMPERATURE ( $34^{\circ} \pm .2^{\circ}C$ ) 34.0°C

☒ RFI DETECTOR OPERATING passed

☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS:  
(DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS 0	(0-.04) 0	(.05-.09) 4	(.10-.14) 2	(.15-.19) 2	(Over .19) 1
------------	-----------	-------------	-------------	-------------	--------------

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

meets DOHSS standards

Guth Labs, lot# 09120 conc. 0.10 exp. 4-8-10

INSPECTING OFFICER

SIGNATURE

PRINT NAME

TYPE II PERMIT NUMBER/EXPIRATION DATE

TELEPHONE NUMBER

920136 / 6.19.11

Travis Jones  
636.949-0809



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **09120** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1198** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **April 8, 2010** at **11:59 PM**.

When used in a calibrated Simulator, operating at **34°C +/- .2°C**, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

### CERTIFIED ALCOHOL REFERENCE SOLUTION FOR SIMULATOR

<u>09120</u> LOT NO.	<u>4/8/09</u> MFG. DATE	<u>4/8/10</u> EXP. DATE
<u>275 Gal.</u> LOT VOL.	<u>500 ML</u> BOT. VOL.	<u>        </u> BOT. NO.

When this reference solution is used with a breath simulator certified by Guth Laboratories, a properly operating instrument will read **0.10**

For additional information contact:

Guth Laboratories, Inc.  
590 North 67<sup>th</sup> Street, Harrisburg, PA 17111  
Toll Free 800-233-2338  
Rev. 4/02



Ted L. Pauley, President  
GUTH LABORATORIES, INC.

AS IV Serial no: 087953  
Version no: 0040

TEST RECORD 00171

Temp Date Time 2101

Air Blank:  
08/29/09 05:25 .000  
Subject Test: Man  
26 08/29/09 05:25 .090

Subject Name

Subject I.D.

Operator Name: I.D.  
T. J. Jones

Location

AS IV Serial no: 087953  
Version no: 0040

TEST RECORD 00173

Temp Date Time 2101

Air Blank:  
08/29/09 05:29 .000  
Subject Test: Man  
27 08/29/09 05:28 .090

Subject Name

Subject I.D.

Operator Name: I.D.  
T. J. Jones

Location

AS IV Serial no: 087953  
Version no: 0040

TEST RECORD 00172

Temp Date Time 2101

Air Blank:  
08/29/09 05:26 .000  
Subject Test: Man  
26 08/29/09 05:26 .090

Subject Name

Subject I.D.

Operator Name: I.D.  
T. J. Jones

Location

AS IV Serial no: 087953  
Version no: 0040

TEST RECORD 00174

Temp Date Time 2101

Valid: RFI  
12 08/29/09 05:29

Subject Name

Subject I.D.

Operator Name: I.D.  
T. J. Jones

Location

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



TRAVIS JONES

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER;INTOXILYZER 5000;ALCO-SENSOR IV/RBT IV

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 06/19/09  
Number 920136  
Expires 06/19/2011

MO 580-0771 (7-88)

*John J. Mathewson*

Director of State Public Health Laboratory

*Margaret T. Donnelly*

Director, Department of Health

Lab. 4 (R7-88)